LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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MEDICAL MEN OF THE REVOLUTION.

Dr. Toner in a work with this title has brought out some interesting statistics which will be new to most of his readers. Thus, he gives the names of nearly twelve hundred physicians who were more or less closely connected with the continental army, thirty-six of whom were officers in it. The most illustrious fell at Bunker Hill, leaving a name second only to that of Washington among our revolutionary leaders. At the time of Warren's death, in his thirty-sixth year, he was perhaps the most powerful and popular advocate of the rights of the colonies. The fame of Dr. Benjamin Church, a man similarly gifted, and at one time of the greatest promise, fared a very different fate. He, too, was a leader, and evinced true patriotism at the commencement of hostilities, but he attempted to correspond by cipher with parties within the ememy's lines, which being detected, he was tried by court-martial, of which Washington was president, and disgraced. After imprisonment for a year and a half he was released, and sailing for the West Indies, was lost in a storm at sea.

But the most singular and in some respects the most melancholy history of these medical worthies of the revolution was that of Dr. John Morgan, the founder of medical schools in America. He was a physician of mark when the war broke out. The Philadelphia Medical College, which has become the University of Pennsylvania, was founded mainly through his influence. In the address which he delivered at its inauguration, he stated that he had been fifteen years engaged in preparing himself for the duties of his profession. Several of these had been spent in the army, and as many more in Europe in its most famous schools. He was elected by Congress director-general and chief physician in the hospital, in place of Dr. Church after his disgrace. "His ability as a surgeon, his character as a man, his patriotism, and his influence as a citizen were well known to the public." He entered upon his duties by reforming abuses in the hospital management, but before he had been two years in office had raised such a popular clamor against his administration that he was unceremoniously displaced by Congress. The act, says Dr. Toner, was from nearly all quarters pronounced "a hasty and undeserved censure." A committee of Congress investigated his case and honorably acquitted him of all charges. A few years afterward he was chosen director general of the army medical department, but resigned his commission the next year, in order to give his entire attention to the school which he had originated. His spirits were finally broken down by the death of his only son, which occurred in 1789, and after that sad event he seldom lectured or took any interest in his school, but died soon after, when only fifty-four years of age.

The Mecklenburg declaration of independence, often spoken of as having preceded the immortal document of Jefferson by more than a year, was drawn up by a physician—Dr. Ephraim Brevard, of Charlotte, North Carolina.

Besides Dr. Rush, Dr. Oliver Wolcott, of Connecticut, and Dr. Matthew Thornton, of New Hampshire, were among the signers of our Declaration of Independence; and among the physicians who were members of Congress or eminent diplomatists of the

period were Arthur Lee, Theodoric Bland, David Ramsay, Hugh Williamson, Walter Jones, William Shippen, sen., and William Bradford. They put aside medicine for state affairs while the demand for their services lasted, and then returned, most of them, to their professional labors.

Very few of the surgeons of the war have left records of their observations, which would now be read with so deep an interest. All that can be referred to are Thacher's Military Journal, Tilton on Military Hospitals, Rush's Observations on Diseases in Military Hospitals of the United States, and Beardsley's History of Dysentery in the Twenty-second Connecticut Regiment, published in the Proceedings of the Connecticut Medical Society. Rush alone is often quoted of all the medical writers of that day.

Dr. Toner quotes from letters of Washington to show his appreciation of the services of medical men, and gives an extract from one written by the great chieftain, ordering some medical manuscripts taken in a brig captured from the enemy to be returned to a British surgeon, in order, as he says, to show to "our enemies that *we do not war against the sciences.*"

Dr. Toner is the great medical antiquary of our country, and his countrymen owe him a debt of gratitude for his efforts to rescue from oblivion names that deserve to live in history. His labors must be welcome to his contemporaries, and will be appreciated by those who shall come after him.

WHAT IS AN ORGAN?

We copy below *in extenso* the editorial of the New Orleans Medical and Surgical Journal for November. It is a dignified protest against including the New Orleans Journal among school organs, which, if not asserted in Dr. Billings's report, was at least implied. One of these days, when the NEWS gets a little older, it proposes itself to discuss the subject of what constitutes "an organ." A great difference of opinion seems to prevail upon the subject, extending all over the Union:

"One of the most interesting papers read is by that sterling member of our profession, John S. Billings, Assistant Surgeon U. S. A., entitled 'A Century of American Medicine.' This is a dignified and spirited paper, and is intended to present an impartial conspectus of American medicine for the past century. Our object in calling attention to this paper in the editorial columns, instead of those set apart for noticing new literature, is that we may seize the opportunity to place ourselves 'on record,' at least in regard to certain faults of American journalism, which Dr. Billings has reviewed in a most scathing but in the main proper manner. In his references to American journals, when writing of Southern journals he says, 'The most important is the New Orleans Medical and Surgical Journal, which with two suspensions has continued from 1844 to the present time.' Upon another page he writes as follows:

"Our medical journals vary so much in character, style, and purpose, that it is hardly possible to make any assertion with regard to the mass which shall be at the same time broad and true. They may be divided into three classes: first, those not connected with any medical school, and which draw their contributions from a wide field, including such as the American Journal, The New York Journal, The Medical Record, The Medical Times, and The Boston Medical and Surgical Journal; second, those which rely for contributions and material mainly upon the professors of a medical school and the hospital clinics connected with it, but which are not specially devoted to its interests; third, those which are mainly devoted to advocating the interests of a school and the attacking of rival institutions, and which are, to use Carlisle's phrase, 'windmills put out to catch or take advantage of the wind of popular favor.' These journals sometimes contain valuable reports of cases obtained from college clinics, but the personal editorial element in them is usually in excess, and they are of interest to but a small local circle. To them applies the untranslatable French criticism, '*Il y a trop de tintamarre la dedans, trop de brouillamini.*'

"Of the first class some compare favorably with the best of the journals of other countries; of the last class some are as bad as but not worse than the

worst. Comparatively few persons are acquainted with the poorer class of foreign medical journals, published in the smaller towns of the provinces, which have most of the defects which are so strongly condemned in some of our own publications as if they were unique."

"It is certainly a difficult matter for us, situated in the barbaric province of Louisiana, to determine the predicates on which Dr. Billings excluded our journal from that class which, as he asserts, are 'not connected with any medical school.' What has he read or heard in regard to this journal which in the least degree taints it with partisanship? Or has he left it out of his count of medical journals not connected with medical schools because its editor holds a chair in a medical school? If so, why did he place the Medical Times in the list of those not connected with schools?

"The editor of the Medical Times, like the editor of the New Orleans Medical and Surgical Journal, has the good or bad fortune, as the case may be, to hold a professorship in a medical college; yet we are all forced to admit that his paper is edited with ability, fearlessness, and perfect independence. As to ourselves, we are free to confess we have not pursued as bold a course in assailing error as that journal has. It is nevertheless true that the most successful missionary is not always he who exhibits the most militant spirit. We have labored quietly for the benefit of our profession at large; we have not lugged into our editorials or elsewhere notices of the school with which we are connected. There was no call for them. That institution has not been guilty of any irregular practices, and needs no knight errant to defend its good fame. Its reputation stands on a firmer basis than that of any medical journal in this country, and therefore it would be ridiculous for the New Orleans Medical and Surgical Journal to profess to be either the patron or the ward of the University of Louisiana.

WHO CAN IT BE?

"Now, the self-extorted confession which appears above is probably debited to the fact that a fear of accusations of partisanship—or more strictly, perhaps, of cultivating personal interests—has kept us in a condition of truce when it may be that public duty called for an aggressive course. *This is particularly true in regard to certain medical schools which annually flood this country with what they term 'scholarships,' or beneficiary certificates, or some kind of positively irregular solicitations—or, as the students in their letters to other deans term them, 'inducements'—to students to attend their lectures. This college—or, according to a most apposite editorial in the Southern Medical Record, it would be just as correct in fact, if not in grammar, to use a plural pronoun and say* THOSE *college—has sent circulars to our janitor for distribution among our class while in actual attendance upon lectures, and 'scholarships,' or 'beneficiary tickets,' to others of our students.*

"Hitherto we have kept our silence, lest we might be liable to the imputation of being a school organ. This journal is independent of schools, or cliques, and is conducted in the interest of the whole profession."

Miscellany.

SPENCER WELLS'S METHOD OF OPERATING. A correspondent in the Boston Journal thus describes the method of the great ovariotomist as witnessed during the seven hundred and ninety-fifth operation:

"1. Those invited to attend were requested to sign a certificate that they had not been present within seven days at a post-mortem examination, visited a dissecting-room, or treated a case of contagious disease.

"2. They were then, punctually to the moment appointed, taken to an upper chamber, with bright, open exposure to the southwest, where Mr. Wells stood in readiness for his patient, who was already anæsthetized.

"3. Bichloride of methylene was the agent administered; or rather air charged with methylene by means of a caoutchouc pump.

"4. The lower extremities were confined by a band across them; the upper ones by a strap to each wrist, the arm being brought down beneath the table and fastened to one of its supports.

"5. The abdomen was covered by a thin rubber sheet, with a circular opening adapted to the possible length of the incision. Beneath the table, to catch the fluid contents of the cyst, or any thing which might drip, was an ordinary metallic hip-bath tub. Under the edge of the table, fastened so as to be within immediate reach of the operator, hung Mr. Wells's large spring-trocar, with a long curved arm, to which was attached a rubber tube of great caliber communicating with the tub beneath.

"6. None of the bystanders were permitted to examine or otherwise touch the patient.

"7. The incision was short, low down, occupying but a portion of the umbilico-pubic interval, and was completed upon a director of peculiar form, broad toward its rounded extremity. There were extensive adhesions, which were broken down by the hand with tolerable ease. Moderate hemorrhage occurred from their site, and from vessels in the line of incision. The cyst was multilocular, one of its cells containing a large amount of turbid fluid. Through the trocar-opening, sufficiently enlarged, Mr. Wells passed his hand and broke down such of the adjoining septa as would thus yield. The mass having then been readily delivered, a stout, slightly curved steel clamp was attached to the pedicle, and on severing this the first stage of the operation was completed in ten minutes from the first stroke of the knife.

"8. The other ovary, though still small, proving cystic, was also removed, the base being transfixed by a double silk thread tied on each side.

"9. All coagula having been carefully removed from the peritoneal surface and pelvic cavity, the clamp was adjusted crosswise externally, and the wound was closed by seven stitches, the pedicle emerging between the last and the last but one. These sutures, like the ligature already described, were of Chinese silk, uncarbolized. They were passed through both the integument and the peritoneum, without, however, taking up the whole thickness of the abdominal wall, and during their tying the loose pouch of the abdomen was bunched up, as it were, by the hand of an assistant. The threads were provided with a needle at each extremity, the second of which was held by the operator's lips while the first was being passed, thus preventing twisting and other entanglement, and permitting greater speed.

"10. The wound having been closed, bits of lymph were carefully placed under the clamp and between the sutures; the extremity of the pedicle outside the clamp was touched with solid perchloride of iron; the abdomen was covered with cotton-wool, over which were strapped broad bands of adhesive plaster; a binder of flannel was placed outside this, and the entire operation was completed in just half an hour from its commencement.

"Nothing could have exceeded the adroitness and celerity, yet absolute thoroughness and perfect neatness of the whole procedure. There were two female nurses and two assistant surgeons, besides the gentleman in charge of the anæsthetic. They were all constantly occupied, and each knowing exactly what to do, at what moment, and how, never came for a moment into the others' way; so that there were six busy pairs of hands, every one at its especial work. The operation, from beginning to end, was as if done by the most perfect yet sentient mechanism, and was an apt illustration of the consummate skill that only such unequaled practical experience as that of Mr. Wells could produce."

HYGIENE OF THE HAIR.—Bazin, the distinguished surgeon of the St. Louis Hospital, in an article for the *Dictionnaire des Sciences Médicales*, says that under ordinary circumstances the care required for the head should be directed merely to favoring the removal of the dust and deposit upon the

hairy scalp. In very young infants the brush and comb should give place to simple acetic or alkaline lotions or the inunction of some fatty substance, such as cold cream or the oil of sweet almonds. The practice of washing the scalp with warm or cold water is essentially bad, because it renders the hair dry, brittle, and lusterless. In women the more or less complicated methods of dressing the head which prevail necessitate the squeezing, dragging, and twisting of the hairs in every direction—processes extremely unfavorable for their nutrition. Ladies should be taught that hairs, though insensible to pain, are not inert and lifeless, and that the most hygienic of all coiffures is that which leaves to the hair the greatest liberty and aëration and the most frequent repose. The habit of wearing the hair long in men is bad, because they rarely spend the requisite time in cleansing it. The practice of clipping it close to the head is detestable, and absolutely contrary to the purpose for which it was designed. Cutting the hair short in order to favor its growth is the result of a prejudice which nothing can justify, while periodic hair-cutting within reasonable limits is not injurious. Contrary to the generally received opinion, Bazin concludes that the finest heads of hair are those which the scissors have never touched. The habit of "refreshing" the hair—that is, of cutting away from time to time a small portion—may be indicated when the growth is thin, wasted, or meager. The use of the razor should *always* be avoided, even when it is required to cut the hair very short, as in convalescence from grave disorders. Epilation, when employed for the purpose of removing white hairs, only hastens the supervention of canities. The employment of cosmetics, instead of being allowed as of common usage, should be strictly confined to certain cases. Those who when in perfect health have naturally greasy hair should be advised to use very weak alkaline lotions. Those, on the contrary, who have dry and harsh hair may use oily applications. Without expressing much confidence in the measures designed to prevent the loss of hair, the author concludes that sometimes the effort should be made. Hair-dyes are of two kinds. The first (galls, infusion of nux vomica, and pomegranate) is almost inoffensive, but gives uncertain and unstable results. The second—whose basis is generally lime, nitrate of silver, lead, or sulphate of iron—is successful in the result but dangerous for employment.—*Ext. from Chicago Journal and Examiner.*

Meats Cooked by Cold.—It is a fact of familiar experience that extreme cold produces in organic substances effects closely resembling those of heat. Thus, contact with frozen mercury gives the same sensation as contact with fire; and meat that has been exposed to a very low temperature assumes a condition like that produced by heat. This action of intense cold has been turned to account for economical uses by Dr. Sawiczevosky, a Hungarian chemist, as we learn from *La Nature*. He subjects flesh-meats to a temperature of *minus* 33° Fahr., and having thus "cooked them by cold," seals them hermetically in tin cans. The results are represented as being entirely satisfactory. The meat, when taken out of the cans a long time afterward, is found to be, as regards its appearance and its odor, in all respects as inviting as at first. It is partially cooked, and needs but little treatment to prepare it for the table. A German government commission has made experiments with this process, and two naval vessels dispatched on a voyage of circumnavigation were provisioned with this kind of meat. An establishment has been set up in Hungary for preserving meats in this way.—*Popular Science Monthly.*

Physiological Action of Coca.—The physiological action of the leaves of coca or cuca (*Erythroxylon coca*), a plant indigenous to Peru, has been the subject of much discussion lately in England. Sir Robert Christison, whose reference to the peculiar properties of this plant, in his address to the Edinburgh Botanical Society last November,

gave rise to the discussion, has since taken up the subject again, in a paper read before the same society. The author gives an account of experiments made by himself and by fourteen other observers, under his instructions, with a view to determine the physiological action of coca and its principle, cocaine. His conclusions are that: 1. When taken in quantities of two drams by healthy persons it has no unpleasant, injurious, or suspicious effect whatever. 2. In a very few cases this dose of an inferior sample had no effect at all. 3. In by far the greater number of instances, and with a fine sample, extreme fatigue was removed and prevented from returning. 4. It does not in the end impair the appetite or digestion, although hunger, even after long fasting, is taken away for an hour or two. 5. The use of it is incompatible with the use of alcoholic liquors, except when the latter are taken in very small quantities.—*Ibid.*

Causes of Putrefaction and Fermentation.—A year or two ago, Dr. J. Dougall, of Glasgow, at the Social Science Congress, held in that city, announced, as the result of investigations made by himself, that the presence of an alkali determines putrefaction in organic matter, while the presence of an acid determines fermentative changes. The same line of inquiry has been taken up since by Dr. John Day, of Victoria, Australia, who finds in Dougall's discovery an explanation of the presence in hospitals of septic poisons, giving rise to pyæmia, erysipelas, and puerperal fever. The Sanitary Journal, of Toronto, has a paper by Dr. Day upon this subject, the purport of which may be briefly stated as follows: Hospitals, as usually constructed, have alkaline ceilings, alkaline walls, alkaline floors (owing to the use of soap in cleansing them). Experience has shown that pyæmia is of extremely infrequent occurrence in temporary hospitals consisting of rough wooden sheds. The incessant generation of peroxide of hydrogen by the turpentine of the wood doubtless prevents putrefactive changes, but, as turpentine always gives an acid reaction, this circumstance must greatly increase the disinfecting power of the peroxide, by determining the fermentative instead of the putrefactive decomposition of the pus-cells and other organic matter given off from the patient. Dr. Day proposes the following method of counteracting the evils of hospital life: The boards of the floor he would first cover with a coat consisting of equal parts of gasoline and boiled linseed-oil, to which is added a little benzoic acid. When dry, the surface is polished with a paste of beeswax, turpentine, and benzoic acid. Boards so prepared are, in his opinion, rendered permanently disinfectant. The walls and ceilings might be rubbed smooth, and coated with a varnish of paraffine or oil of turpentine; or, better still, they might be coated with silicate paint, then rubbed down and varnished. For the purpose of keeping the air pure, and destroying the pus-cells floating in it, he recommends, in addition to ventilation, the use of certain volatile substances, such as gasoline, benzine, and eucalyptus oil. The furniture should be occasionally brushed over with either gasoline or benzine, in which a little benzoic acid has been dissolved.—*Ibid.*

Great Men's Skulls.—In a recent Italian work, measurements are given of the skulls of Dante, Petrarch, Ugo Foscolo, and Volta. Volta's skull is of extraordinary capacity. In the skull of Petrarch the Etruscan type is evident, viz., a voluminous brain, strongly developed in all its parts, and of superior psychological power; but the posterior predominates over the anterior portion, leading to the conclusion that the sentiments and instincts prevailed over the intellect.—*Ibid.*

Cremation.—On the 6th and 7th of June a cremation congress met at Dresden. The attendance was not large. Nearly all the German governments are opposed to cremation of the dead, chiefly, as it would appear, because many of the leading advocates of this substitute for interment are pronounced

radicals. The Saxon Government has refused to accept, for the benefit of the Dresden charitable institutions, the legacy of Prof. Eberhard Richter, simply because the testator had coupled with the bequest the condition that his body should be burned in a furnace at Dresden.—*Ibid.*

A COMPANY has been formed in California for the manufacture of sugar from the juice of watermelons. The process is far simpler and cheaper than that of making sugar from beets. An excellent syrup is also made from watermelon-juice. The seeds yield a sweet-oil which serves as a good substitute for olive-oil, and the residue of the sugar-manufacture is used as food for cattle.—*Ibid.*

THE Society of Medicine and Surgery, of Bordeaux, offers a prize of one thousand francs for the best essay upon the following subject, viz.: microscopical examination of human blood, both in the flesh and in the dry state, of the fœtus and the adult, as compared with the blood of other mammals, from the medico-legal point of view. The essays offered must be written in either Latin or French, and submitted to the secretary of the society not later than August 31, 1879. —*Ibid.*

THE death is announced of Dr. Lonsdale, the pupil and biographer of Dr. Knox, the celebrated Edinburgh lecturer on anatomy. Dr. Lonsdale was also the author of some pleasant volumes on "Cumberland Worthies."—*Ibid.*

A PAUPER CONFINED WITHOUT ASSISTANCE IN A WORKHOUSE.—A horrible story, if the facts prove correct, was told at an inquest lately held on the body of a child born in the tramp ward of the Birmingham Workhouse. According to the evidence given, the mother was locked up in the ward all night. There was no means of communication with the other parts of the house. The other occupants of the ward—five women—did all they could to attract the attention of the officials when the mother of the unfortunate infant was taken ill, at one o'clock in the morning. All through the night they hammered at the door with their hands and with a stick, but in vain. At 4.30 the child was born; and when the clock struck seven, and the door was unlocked, it was found dead by its mother's side. The woman herself—who, for a wonder, is still alive—could not, it appeared, even get a drop of water during the night; for although she entreated the other tramps to give her some, "they dared not attempt this, as, not knowing any thing about such matters, they were afraid to interfere." The coroner adjourned the inquiry.—*Pall Mall Gazette.*

OBESITY TREATED BY SEA-WATER.—A writer in the Paris Medical recommends the treatment of obesity by the administration of sea-water, and the consequent residence by the seaside. The dose prescribed is a small glassful three times a day in a little fresh water or milk. Sea-baths are also recommended. We should think that the drinking and bathing might be advantageously combined to save time. In that way the dose, especially in surf-bathing, could be taken "plain," although the quantity could not, for obvious reasons, be regulated with exactness.

A SANITARY UNDERTAKER.—A newspaper published a number of centuries ago contains the following advertisement: "James Maddox, coffin-maker, and clerk of St. Olave, Jewry, London, at the sign of the Sugar Loaf and Coffin, in the Old Jewry, secureth the corps of any dead body from any ill scent or annoyance, without embalming, embowelling, or wrapping in sear cloth, for as long time as shall be required, or for as long time as they shall keep them above ground; and if it be desired, they may have a view of the face for three or six months, which he hath performed, as is well known to several persons of quality and others in and about the City of London. This is he that took up the corps at Painswick, in Gloucestershire,

after it had been thirteen weeks buried. He hath also an excellent way to take up any corps that hath been some time buried, and preserve the same from any ill scent for the conveying of it to any other place, as hath been eminently performed by him. He also (by God's blessing) hath cured several persons of quality of the gout, and giveth ease within half an hour, though the pain be never so violent."—*Med. Press and Circular.*

Earth Closets.—The Wakefield earth closet is said to be the great blessing of the nineteenth century by those who are so fortunate as to possess one. They are not intended for invalids alone; many a family in robust health uses them in preference to vile privies, with obnoxious odors enough to knock a strong man down, much less a weak woman. The secret of their emitting no odor lies in the fact that the earth with which the vessel is filled is a deodorizer, and destroys at once all offensive odors. They are portable, and are coming into general use. In the sick-room they are an indispensable article of furniture.—*Jour. of Materia Medica.*

An Automatic Method of Opening the Eustachian Tube and Airing the Tympanum.—Dr. H. S. Schell (Amer. Jour. of the Med. Sciences) gives the following method of inflating the tympanum: "The patient is directed to keep the lips tightly closed and to draw down the throat, and even to separate the jaws slightly, as if trying to yawn without being observed. The effort usually produces a yawn; and if immediately after the long inspiration which accompanies the act or at the beginning of expiration the nostrils are closed with the fingers, air will be felt to fill the tympanic cavity. The tympanum will remain inflamed for some time, often uncomfortably if any amount of force has been used, but may be quickly eased by swallowing saliva once or twice with the mouth shut." The various applications of this method will suggest themselves to the practical surgeon.—*Ibid.*

The American Metric Bureau.—In a memorial of "The International Association for obtaining a uniform decimal system of Measures, Weights, and Coins," presented to Hon. Benjamin Disraeli, Chancellor of Her Majesty's Exchequer, in March, 1859, it is estimated that the adoption of the metric system would save in the management of the London & Northwestern R. R. £10,000 ($50,000) a year; and in the various departments of Her Majesty's Government not less than £500,000 ($2,500,000) every year. When we consider that this computation was made by competent authorities, and remember that the amount named would be saved *every year* by a *single* railroad, it is evident that the total saving made by the adoption of the metric weights and measures would be almost incredibly large. The same proportionate saving would be effected in every market, store, factory, counting-room, in short every where, for in business life nearly every sentence spoken or written contains some expression of quantity.—*Ibid.*

Poisoning by Hats and Boots.—A German Medical Journal quoted by the Cincinnati Clinic reports a case of severe pustular eruption of the forehead extending over the face, and which was ascribed to the anilin dye in the leather of the hat-band. We have seen a case of severe poisoning of the legs above the ankles evidently produced by the leather linings of a pair of half-boots. We have also under observation a gentleman of this city, a leather-dealer, who has been repeatedly poisoned by handling a certain kind of leather. In this case the affection was eczematous, and followed by permanent maculæ. The gentleman attributed the effect to sumach used in the preparation of the leather.—*Pacific Med. and Surg. Jour.*—*Ibid.*

The New York State Medical Society has decided that under the "Code of Ethics" it has no power to compel a physician to consult with another; any one may choose his companion as well as his patient.—*Ibid.*

Violent Pain—Its Effects on Animals and Men.—Mantegazza (*Hirsch Jahresbericht*) by experiments proved that in animals violent pain produced loss of appetite, dyspepsia, nausea, arrest of the digestive process, vomiting and diarrhea, and if continued, great weakness and considerable loss of weight and greater sensitiveness to all injurious agencies. In man we find that severe neuralgic pain produces dyspepsia, want of appetite, coated tongue, pallor and anæmia, weak pulse, cold extremities, depressed, excitable states of the system, great sensitiveness to external injurious influences. —*Ibid.*

Selections.

On the Successful Treatment of a Case of Meningitis by Iodide of Potassium.—Dr. Bonamy, of Nantes, reports (*Bulletin Général de Thérapeutique*, May 30, 1876) the following interesting case:

A child, aged seven and a half years, previously in good health, was suddenly seized, in December, 1869, with violent pains in the head, vomiting, and delirium. There was unconsciousness and great acceleration of the pulse. Some leeches were applied behind the ears. In twenty-four hours coma supervened and lasted more than a month, after which Dr. Bonamy was called to see the child in consultation. Calomel had been given in purgative doses, and blisters had been applied to the extremities. On the 16th of January, 1870, the coma was so profound that the patient could not be roused. There was divergent strabismus, with dilatation of the pupils, which did not contract by a bright light; grinding of the teeth; tetanic stiffness of the muscles of the neck and of the posterior part of the trunk; respiration difficult and almost stertorous. The pulse was very weak, slow, and unequal; obstinate constipation; great emaciation. Dr. Bonamy prescribed calomel in divided doses, one centigramme (one hundredth of about fifteen grains) every hour, mercurial frictions on the shaven scalp, and quinine wine and broth to be administered as food.

During the month of February the patient remained in the same state, and the treatment was pretty much the same, except that small doses of nux vomica were tried, but abandoned, owing to their unfavorable effects.

On the 5th of March there was no marked change, the coma being the same, with strabismus and dilatation of the pupils, and weak, slow, unequal pulse. The iodide of potassium was now prescribed in doses amounting to fifty centigrammes (about seven and a half grains) every day.

On the 8th of April—namely, rather more than a month after this treatment had been adopted—Dr. Bonamy was astonished at the improvement in the patient, whose countenance now began to show intelligence, and who was able to answer questions in a rational manner; and other symptoms indicated amendment, though there still remained incontinence of urine and the stools. The coma had lasted more than two months, and the iodide of potassium had been regularly taken ever since the 5th of March. This salt was ordered to be continued, and food to be given, for which the patient began to feel some appetite.

During the month of May the improvement continued, and the child was able to sit in an easy chair, and also to use her limbs and to control her evacuations. Some months afterward she was able to walk with crutches, but eventually she walked without them.

Four years afterward Dr. Bonamy saw the patient at his own house. She was then eleven and a half years old; her face had a bright and animated appearance, and her intelligence was that of a child of her age. The only symptom remaining was a little weakness of the left lower extremity. Dr. Bonamy remarks that the symptoms at the outset—namely, violent headache, vomiting, extreme acceleration of the pulse, delirium, and constipation—clearly indicated cerebral meningitis; and the diagnosis was subsequently confirmed by the persistence of the delirium, the irregularity and slowness of the pulse, the convulsions, the strabismus with permanent dilatation of the pupils, and coma. Dr. Bonamy regards the case as one of simple as contra-distinguished from tubercular meningitis, and he draws attention to the good effects apparently produced by the long-continued use of the iodide of potassium, the improvement, in fact, only beginning after the administration of the salt.—*Ext. from Monthly Abstract of Medical Science.*

Experimental Researches in Jaborandi.—Dr. O. Kahler and Dr. J. Soyka, of Prague (*Centralblatt für die Med. Wiss.*, No. 31, 1876), state that the only method of replying to the question whether the secretion of sweat which follows the administration of an infusion of jaborandi is independent of vascular nerves, or has its own proper secretory nerves, as well as the evil results of the action of this poison, led them to inquire into its actions in dogs and rabbits. The preparation employed was an infusion of the leaves which had previously been found to act powerfully on man, and was subcuta-

neously injected into the veins of the animal. The results of their experiments may thus be briefly stated: Small doses, as five cubic cm., caused rapid elimination of the blood-pressure; coincidently the pulse temporarily increased in frequency. Larger doses, ten cm., have a more permanent action on the blood-pressure; and after the primary increase of frequency, when the blood-pressure had been restored, the pulse fell. At the same time a remarkable increase was found in the size of the pulse waves. Still larger doses, twenty cm., caused great and permanent diminution of the blood-pressure and a coincident retardation of the pulse. These effects increased in duration and intensity with the amount of the dose. The causes of the phenomena observed were probably attributable to excitation of the termination of the vagus in the heart; in favor of which was the fact that they still continued to make their appearance after section of the vagus on both sides, while they did not appear when the vagus terminations in the heart had been previously completely paralyzed by atropine. The antagonism believed by many authors to occur between jaborandi and atropine is thus supported.—*Practitioner.—Ibid.*

Subnitrate of Bismuth in the Intestinal Hemorrhages of Typhoid Fever.—In the intestinal hemorrhages which supervene in the course of typhoid fever, Dr. Martineau (*Lyon Médical*, August 6, 1876, from *Gazette des Hôpitaux*) recommends, on account of its perfect harmlessness, subnitrate of bismuth. He administers this remedy every half hour, until the cessation of the hemorrhage, in powders containing one gramme (fifteen grains). This method is derived from the practice of Monneret, who, considering that bismuth acted specially as a mechanical agent, so to speak, covering the inflamed and ulcerated mucous surfaces, always employed it in preference to giving half doses. In five patients whom Dr. Martineau has thus treated the result has been well and rapidly attained.—*London Med. Record.—Ibid.*

On the Employment of the Nitrite of Amyl in Epilepsy.—At the conclusion of an article on the use of nitrite of amyl (*Gazette Médicale de Paris*, August 12, 1876) Dr. Bourneville, of Paris, observes that this substance not only produces important modifications in the circulation, but also probably in the composition of the blood. The lowering of the temperature is produced in the lower animals as well as in man by the nitrite. The end of the epileptic attack is announced, in cases where the nitrite has been inhaled, by movements of deglutition and by nausea and vomiting, and it is stated that an attack can not be considered as having really passed away unless efforts at vomiting or vomiting itself have been caused by the inhalation. Generally speaking, when the inhalation has been properly performed, the patients when once restored did not suffer from a return of their attacks on the same day. Some of the observations showed that tolerance was easily established so that the dose required to be increased at each inhalation. Dr. Bourneville has no doubt that the nitrite produces a well-marked effect in attacks of epilepsy; but he is not sure that it exercises any influence on the progress of the convulsive symptoms, that being a question for the solution of which new facts are required. One of the cases described, however, remained eight weeks without any attacks, and another presented no fresh attacks for four months after the inhalations had been prescribed.—*British and Foreign Med.-Chir. Review.—Ibid.*

Aromatic Sulphuric Acid in Necrosis.—Dr. Ephraim Cutter, of Cambridge, Mass., reports (Boston Journal) the following:

"April 10, 1875, Dr. A., of Worcester, requested the writer to remove the necrosed alveolar process of his wife's sister. She was of middle age, pale, thin, weak, anxious, and worn. She had suffered much with her teeth. Her upper right middle and two lateral incisors were found to be loose, and their lower edges hanging below the line of their fellows. There was a fungoid, spongy swelling over the front of the diseased process. When this was pressed, pus freely exuded from several openings, and also from a softish, elastic swelling, as large as a hazel-nut, situated at the dome of the hard palate inside the mouth. The loosened teeth could be freely moved in every direction with the thumb and fingers. The roots of the teeth distinctly grated against the sound alveolar process. There was a complete separation of the teeth and the bone. Dr. A. said he had thought of using the aromatic sulphuric acid, but that the disease was so extensive and the separation so complete that he regarded it as useless to try to save the teeth in any way. It appeared to the consulter, however, while the surgical extirpation would be effective and justifiable, that if free incisions were made into the swollen and spongy gums, there would be an evacuation of the contents of the dilated capillaries and abscesses; that a healthy action would be promoted by relieving this unnatural distention, and that the necrosed bone might be slowly removed by the stimulation of the aromatic sulphuric acid topically applied without destroying the teeth. It was thought that then the periosteum would lay down new bone in place of the old, and refasten the teeth in their old place. It was agreed to employ the following: ℞ Aromatic sulphuric acid, ʒi; aquæ, ℥i. By means of a half-ounce syringe supplied with a small ivory tip, an inch and half long and one eighth inch in diameter, the acid solution was injected at first twice a day and afterward once a day. About

two drams were used at each injection. The syringe-tip was deeply buried into the soft tissues through one of the openings. Pus would freely exude from the other openings, even from that in the top of the mouth, after each injection. Tonics were administered. A diet of animal food and unbolted wheat was rigidly maintained.

"From the outset of this departure a marked improvement in the soft tissues occurred; but the teeth remained loose and dangling, and Dr. A. thought their recovery doubtful. It was re-suggested that it would be an easy thing to remove them at any time if they did not reset, but that the process of replacing old with new bone was of necessity a slow one.

"In about forty days the outer incisor became solidly fixed in its old site. Then the next incisor also tightened. The middle incisor tightened slowly. In the following November it could be very slightly moved, but its edge was a little below the line of the other teeth. The other two incisors were as stiff as they ever were. A few spiculæ of bone were removed from the front of the alveolar process during the period of the treatment. In the meantime the general health of the patient improved greatly. She gained in weight, color, and strength. At the present time (July, 1876) she is entirely recovered."

NESTLÉ'S FOOD FOR BABIES.—Dr. C. P. Putnam, in Boston Medical Journal, reports the following:

"During last summer the attention of a number of physicians in this neighborhood was called to a food for babies little known here, Nestlé's Lacteous Farina, made in Vevey, Switzerland, the use of which has some decided advantages in spite of its not being the perfect substitute for mother's milk which every patent food claims to be.

"In one respect the food has a practical superiority over all the numerous foods that are in common use here; namely, it comes in a dry form, and yet only water, no milk, is required in preparing it for use. It is well known that bottle-feeding is made difficult, almost more than in any other way, by the changes that milk undergoes either at the hands of the milkman or under atmospheric influences, or from want of care between the time when it leaves the cow and the time when the last of the evening's or morning's supply is given to the baby.

"Although water only is used in cooking the food, it consists almost entirely of milk in the form of powder, mixed, as is claimed, with bread baked for the purpose, of the best flour, of which only the most nutritious part, the crust, is used. The milk is brought fresh from large dairies belonging to the manufactory at Vevey, and, having been tested, is poured into steam-heated vessels and condensed in a vacuum at a nearly uniform temperature not above 120° F. The powder of milk and bread crust which results is very fine. Lebert says that he found grains $\frac{1}{1250}$ of an inch in diameter, and that grains of starch were found only in fragments.

"In preparing the food for use, one part is mixed with from six to ten parts of cold water, which is then boiled while stirring. This cooking may be intrusted with comparative safety to unskilled hands—a very important matter—for the food has no tendency to ball or cake, as farinaceous substances are apt to do, and it is not likely to burn. It is not even necessary to begin by making a smooth mixture with a portion of the water.

"Ehrendorfer, assistant in Monti's poliklinik in Vienna, reports that this food was given to twenty insufficiently nourished and forty sick children from five to twenty months old. Of these, fifty-one continued to take it until they were well, while with nine it was discontinued either because they did not like it or because they did not improve. Medicine was also given in these fifty-one cases, but the good results were attributed largely to the food.

"Ehrendorfer concludes that the food is especially valuable in making up for a deficient supply of mother's milk, and that it is also often serviceable in cases of diarrheal diseases (the less so the younger the child), especially in diarrhea consequent on weaning, when the most striking results appear to have been attained.

"He compares this food, though in an indefinite way, with fresh country milk, with Liebig's food, and with condensed milk, and expresses the opinion that no one of them possesses decided advantages over the others. It would seem, however, that, whatever might be the result of more extended experiments, he had hardly done justice to his own experiments as they stand; for one could not expect to give any substitute whatever for mother's milk to sixty babies taken as they come, and find it succeed with as many as fifty-one of them.

"Monti has given the food to very young children in private practice, and is of the opinion that it is not appropriate for children under six weeks of age. We do not hear, however, that it did not suit any children under that age with whom it was tried, and the statement as it stands is of so universal application to all artificial foods that it does not seem certain that it shows a peculiar property in this one.

"I have given the food to a good many children with essentially the same result as that reported by Ehrendorfer. Generally it was well liked and well borne; occasionally it was not retained by the stomach or was not liked by the baby. My impression is that it is not likely to be successful as often as Liebig's food, when the latter is made entirely in the kitchen every day and not from an extract; but the difficulty of making it in this way counts sadly against it. It is hardly necessary to say that Nestlé's food is not

going to prove a perfect substitute for mother's milk; few of us expect that of any artificial food. It is, however, fair to recognize that it is supplied in compact form, is easily cooked, is comparatively safe from the accidents from which milk often suffers, especially in the city; that most babies like it, aud that it generally does not disturb the digestion, and is nutritious."

EXPERIMENTS WITH CATGUT LIGATURES.—Dr. Eben. Watson (Lancet) relates in a clinical lecture the successful ligature of both internal iliac arteries for aneurism, the ligatures being made with carbolized silk. He concludes his lecture with the relation of the following experiments with catgut:

"*Experiment* 1. Three catgut ligatures, prepared as usual for surgical purposes, and of different thicknesses, were tightly tied round a piece of wood and immersed in blood freshly drawn from a man's arm. In twenty-four hours' time no appreciable change in the ligatures had taken place. The knots on the ligatures were quite firm, and the ligatures themselves were not thinned. My notes do not contain any indication of a later inspection of the ligatures.

"*Experiment* 2. Three similar catgut ligatures were employed, and a double knot was firmly tied on each. They were then pulled through a sinus in a man's leg, as a seton, so that the knots were embraced by the tissues and bathed in the sero-purulent discharge of the sinus. In six hours there was no appreciable difference in any of them; but in thirteen hours the ligature of smallest size had entirely liquefied and disappeared; that of medium size had become soft and diminished in thickness, so that the knot slipped on being slightly pulled; in fact, the ligature actually broke on slight traction being made on it. The third ligature, which was of the thickest catgut used in surgery, had also very much thinned; the knot on it slipped readily, but it did not break.

"*Experiment* 3. Again three catgut ligatures similar in all respects to those previously used, after having been knotted, were inserted in an abscess recently opened. In six hours the catgut was bleached, but not otherwise changed. In thirteen hours the ligature of smallest size was softened, and the knot did not hold, while the others were unaffected; but after twenty-four hours' residence in the pus all were found softened, thinned, and incapable of retaining the knot.

"I ought to have stated that in experiments 2 and 3 antiseptic dressings were employed, and in neither case was the pus at all putrid.

"The question now comes to be whether or not the time—less than thirteen hours—is long enough to hold an artery with a ligature for the cure of aneurism; and the practical answer which must be given is that in *some* cases it would seem to have been long enough, while in others it was not. My experiments would seem to show that if suppuration is entirely prevented, the catgut ligature will hold for twenty-four hours, or perhaps even longer; but as no surgeon can be certain of securing that condition, especially in deep wounds and in unhealthy patients, the propriety of employing catgut ligatures in such cases is rendered doubtful; whereas the successful case of ligature of both internal iliacs now before you goes far to prove the safety and the certainty of prepared silk ligatures in such cases, and the length of time which has elapsed since the operations greatly strengthens this conclusion."

FETID FEET.—A very obstinate case of this complaint in a workman is reported in the *Bull. de Thèr.* by Dr. Ortega. In the manufactory in which he worked he was avoided by his fellow-workmen, and when he entered a room the window would be opened. He had consulted several physicians, but without success. The epidermis of the sole of the foot was white and macerated, and there were little ulcerations at the clefts of the toes and around the nails. M. Ortega advised him to apply compresses soaked with a solution of chloral, which had the effect of rapidly destroying the smell and curing the ulcerations.—*Medical Brief.*

REMEDY FOR DANDRUFF.—Don Roy, M. D., in the Medical Brief gives the following: ℞. Chloral hydrat., 10 grains; tr. canthar., 20 drops; glycerinæ, 1 ounce; aquæ, 3 ounces. Mix. Rub from one half to one ounce into the scalp by means of a sponge, and repeat it every morning. A slight burning sensation and reddening of the scalp occurs, disappearing after two minutes. If the hair had fallen off in consequence of the dandruff, it will be renewed in about a month.

CONGENITAL MALPOSITION OF THE LENS IN BOTH EYES.—Mr. J. F. Streatfield reports (Royal London Ophth. Hosp. Report) a case of this in a girl nine years of age. Both lenses were displaced upward. Mr. S. did iridectomy in each eye, excising symmetrically downward a small section of the iris, not quite up to its greater circumference. The sight, with the aid of convex glasses, was very much improved.—*Amer. Jour. of Med. Sciences.*

HYPODERMIC INJECTIONS OF MORPHIA IN OBSTINATE DIARRHEA.—M. Révilliod states (*Gazette des Hôpitaux*, August 5th) that numerous trials in Prof. Vulpian's wards have shown that morphia hypodermically used in moderate quantities has proved a most valuable remedy in arresting diarrheas that obstinately resist all other treatment; as, for instance, in the diarrhea of phthisis.